

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 11785	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name FRANK MARINO P.O. Box, Bldg., Room No., if any Street 6 DELANCY ROAD City NORTH SALEM State New York ZIP Code + 4 10560	4. Name, file number, and address of labor organization. Name LOCAL 2947 UBCJA Labor Organization File Number 028-007 P.O. Box, Building and Room Number, if any Street 87-80 153RD STREET City JAMAICA State New York ZIP Code + 4 11432
5. Position in labor organization. PRESIDENT	

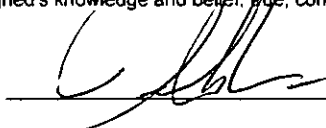
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/15/05
Date

914-669-8708

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name HOLLOW METAL PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 87-80 153RD STREET

City JAMAICA

State New York

ZIP Code + 4 11432

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

ATTENDED ANNUAL CHRISTMAS PARTY	\$48
COST OF CONFERENCES PAID FOR:	
REGISTRATION FEES	\$3,920
HOTEL	5,380
AIRFARE	604
MISC TRAVEL EXP	650

12.b. Amount.

\$10,602

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name ALLIANCE BERNSTEIN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1345 AVENUE OF THE AMERICAS

City NEW YORK

State New York

ZIP Code + 4 10105

14.a. Nature of payment.

GOLF OUTING AND MEETING	\$ 244
DINNER AT A CONFERENCE	99

13.b. Is the Business an Employer

or Consultant

☒ ?

14.b. Amount of payment.

\$343

Name of Person Filing

FRANK MARINO

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name PHARMA - CARE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 695 - GEORGE WASHINGTON HWY

City LINCOLN

State RHODE ISLAND ZIP Code + 4 02865

14.a. Nature of payment.

DINNER + TRIPPING	96.00
DINNER + TRIPPING	93.00
DINNER + TRIPPING	85.00
DINNER + TRIPPING	68.00

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

342.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name INVESTMENT PERFORMANCE SERV

Trade Name, if any: IPS

P.O. Box, Bldg., Room No., if any

Street 7402 HODGSON MEMORIAL DR

City SAVANNAH

State GEORGIA ZIP Code + 4 31406

14.a. Nature of payment.

DINNER AT CONFERENCE 62.00

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

62.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NATIONAL MEDICAL HEALTH CARE

Trade Name, if any: NMHC - RX

P.O. Box, Bldg., Room No., if any

Street 26 - HARBOR PARK DRIVE

City PONT WASHINGTON

State NEW YORK ZIP Code + 4 11050

14.a. Nature of payment.

DINNER + TRIPPING 60.00

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

60.00

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name AMALGAMATED BANK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15 UNION SQUARE

City NEW YORK

State New York ZIP Code + 4 10003

14.a. Nature of payment.

GIFT - ~~BLANKET~~ WITH COMPANY LOGO \$38
BLANKET

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$38

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name THE SEGAL COMPANY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street ONE PARK AVENUE

City NEW YORK

State New York ZIP Code + 4 10016-5895

14.a. Nature of payment.

GOLF AND MEETING \$115
ADMINISTRATOR SEMINAR \$350

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

465.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.